

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 806211	RECEIPT DATE:	03 / 27 / 01
IA NUMBER:	PCT/ EP99 / 08518	IA FILING DATE:	11 / 06 / 99
FAMILY NAME:	KELLER	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	MANFRED	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	11 / 11 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	764-25397 US	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: ROBERT B LEONARD  
HONEYWELL INTERNATIONAL  
STREET: 101 COLUMBIA ROAD

CITY: MORRISTOWN  
STATE/COUNTRY: NJ ZIP: 07962

EMAIL:  
APPLICATION TITLES:  
METHOD FOR OPERATION OF TRANSMITTING AND RECEIVING DEVICES IN A CONTROL SYSTEM FOR ONE OR MORE ROOMS IN A BUILDING

TAB TO LAST POSITION,PUSH SEND



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4892

<b>SERIAL NUMBER</b> 09/806,211	<b>FILING DATE</b> 03/27/2001 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2642	<b>ATTORNEY DOCKET NO.</b> 764-25397US
<b>APPLICANTS</b> Manfred Keller, Sonnefeld, GERMANY; Renke Bienert, Schonaich, GERMANY; Fritz Jauss, Schonaich, GERMANY;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP99/08518 11/06/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 3
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 000128				
<b>TITLE</b> Method for operating transmitter and receiver units in a control system for one or several rooms in a building				
<b>FILING FEE RECEIVED</b> 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	